COUNTY DEPARTMEN	HEALTH & HUMAN	N SERVICES AGEI	NCY	CONTACT PERSO	Terry Cunningham
PHONE NUMBER	(619) 293-4706	MAILSTOP	P501C	FAX NUMBER	(619) 296-2688

MEMBER NAME	Acevedo, Jorg	е					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	AFFECTED CO	OMMUNITIE	S/SEAT #2	COMMENTS	1st appt on 1/ vacancy of Ja		
MEMBER NAME	Adams, St.Cla	ir					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	AFFECTED CO (CAREGIVER)	OMMUNITIE	:S	COMMENTS	1st appt on 7/	'31/2001. Re-	appointed
MEMBER NAME	Becker, Shery	l					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	District 3			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	PUBLIC MEMB	BER		COMMENTS	1st appt on 1/ Rob Appel wh		l unexpired term o 2/7/05.
MEMBER NAME	Benson, Susar	n					
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION		TERM	NONE
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	AETC			COMMENTS	1st appt 7/25/ 4/28/2006	06. Heather I	Baldwin resigned
MEMBER NAME	Brosnan, Eliza	beth					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	9/12/2007	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	CBO/AIDS OR	GANIZATIO	N	COMMENTS	1st appt on 9/	12/2000. Rea	appt 2nd term

#### HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY **BCC NAME**

COUNTY DEPA	ARTMEN	HEALTH & HUM	AN SERVICES A	GENCY	CONTACT PERS	O Terry	Cunningham
PHONE NUMB	EER	(619) 293-4706	MAILSTO	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Brown, [	Deborah (Navarro)	<u> </u>				
APPOINTMENT	12/9/2003	3 <i>MO</i> #	19	EXPIRATION	3/31/2008	TERM	4-YEARS
NOMINATED BY	District 2			APPOINTED BY	Board of Super	visors	
REQUIREMENT	Public Me	ember		COMMENTS	1st Appt: 3/31/9 30th St SD, CA		Address: 3544
MEMBER NAME	Bursaw,	Michael					
APPOINTMENT	2/12/200	1 <i>MO</i> #		EXPIRATION		TERM	NONE
NOMINATED BY	DIRECTO	OR OF HHSA		APPOINTED BY	RESOLUTION		
REQUIREMENT	DIRECTO	OR, HHSA OR DE	SIGNEE	COMMENTS	Designee for ma	andated re <sub>l</sub>	p.
MEMBER NAME	Byers, J	eff					
APPOINTMENT	1/24/2000	6 <i>MO</i> #	8	EXPIRATION	12/31/2009	TERM	4-YEARS
NOMINATED BY	STATE C	OFFICE OF AIDS F	REP.	APPOINTED BY	Board of Super	visors	
REQUIREMENT	STATE C	OFFICE OF AIDS F	REP	COMMENTS	Mandated Rep. Harvey per Stat		replaced Eileen 7/05 recvd12/30/05
MEMBER NAME	Caffery,	Mary					
APPOINTMENT	7/8/2003	<i>MO</i> #	8	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	TITLE IV			COMMENTS	1st Appointmen	t 9/23/97 (1	10) - 3rd term
MEMBER NAME	Carlson,	Paul					
APPOINTMENT	7/25/200	6 <i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	HIV AFFI	ECTED COMMUN	ITIES/SEAT #10	COMMENTS	1st appt 7/25/06 10/27/05.	6. James Y	arrell vacated

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPA	A <i>RTMEN</i> HEA	LTH & HUM	AN SERVICES A	GENCY	CONTACT PERS	O Terry	Cunningham
PHONE NUMB	<i>PER</i> (619	) 293-4706	MAILSTO	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Collin, Kevin						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	AFFECTED CO DESIGNATE)/		S (HCC	COMMENTS	1st appt 6/21/05 Edwards	5 to fill une	xpired term of Arti
MEMBER NAME	Contreras, Lis	sa					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI	DS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	HOUSING OP PEOPLE WITH			COMMENTS	1st appt 1/24/06 01/16/04	6. Estrella,	David- Resigned
MEMBER NAME	Cortes, Albert	0					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/23/2009	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI	DS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	GENERAL ME	MBER		COMMENTS	1st Appt 7/23/20	002	
MEMBER NAME	D'Hondt, Marc	<del></del>					
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	SUBSTANCE PROVIDER	ABUSE TRE	ATMENT	COMMENTS	1st Appointmen	t 7/25/06	
MEMBER NAME	DuFrenne, Th	omas Jr.					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS

APPOINTED BY

**COMMENTS** 

Board of Supervisors

1st appt 1/24/06

OFFICE OF AIDS COORDINATION

AFFECTED COMMUNITIES/SEAT #4

(CHIEF)

NOMINATED BY

REQUIREMENT

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY	CONTACT PERSO	Terry Cunningham
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PHONE NUMBER	(619) 293-4706	<b>MAILSTOP</b>	P501C	FAX NUMBER	(619) 296-2688

MEMBER NAME	Farber, Laurer	า					
APPOINTMENT	8/26/2005	<i>MO</i> #		EXPIRATION		TERM	NONE
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	RESOLUTIO	N	
REQUIREMENT	STD Control O	fficer		COMMENTS	Mandated Re designee for l		rber apptd as o resigned 8/26/05
MEMBER NAME	Fuentes, Chris	stian					
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	7/8/2007	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT	HISPANIC COI	MMUNITY L	EADER	COMMENTS	1st Appt. 7/8/	03 (8)	
MEMBER NAME	Gonzalez-Gar	cia, Carolina	a				
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT	HIV PREVENT REPRESENTA		CES	COMMENTS	1st appt 1/24/ Kenneth Hoo		spected vacancy of
MEMBER NAME	Greene, John	Rev.					
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION		TERM	NONE
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORD	INATION	APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT	Prevention Plan	nning Board	Chair	COMMENTS	1st appt 12/9/	/2003	
MEMBER NAME	Henry, Molly						
APPOINTMENT	2/1/2005	<i>MO</i> #	10	EXPIRATION	2/1/2009	TERM	4-YEARS
NOMINATED BY	District 5			APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT	Public Member			COMMENTS	1st appt 2/1/0	5	

COUNTY DEPAR	TMEN HEALT	H & HUM	AN SERVICES A	GENCY	CONTACT PERSO	) Terry	/ Cunningham
PHONE NUMBER	(619) 2	93-4706	MAILSTOI	P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Hernandez, Ron	nan					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS (CHIEF)	COORDI	NATION	APPOINTED BY	Board of Superv	risors	
REQUIREMENT	AFFECTED COM	MUNITIES	S/SEAT #12	COMMENTS	1st Appt. 7/31/0	1 (6)	
MEMBER NAME	Jackson, Phyllis						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS (CHIEF)	S COORDI	NATION	APPOINTED BY	Board of Superv	risors	
REQUIREMENT	GENERAL MEMI	BERSHIP		COMMENTS	1st appt 6/21/20 Celestin-Ramse		n term for Akanke
MEMBER NAME	Jacobs, Delores						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS (CHIEF)	S COORDI	NATION	APPOINTED BY	Board of Superv	risors	
REQUIREMENT	MENTAL HEALT	H PROVID	ERS	COMMENTS	1st Appt. 7/31/0	1 (6) ; Re-a	appointed
MEMBER NAME	Kubricky, Cinna	men					
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS (CHIEF)	S COORDI	NATION	APPOINTED BY	Board of Superv	risors	
REQUIREMENT	AFFECTED COM	1MUNITIES	S/SEAT #9	COMMENTS	1st appt 6/21/20 Arroyo, Smiley F		
MEMBER NAME	Lewis, Robert						
APPOINTMENT	7/8/2003	<i>MO</i> #	8	EXPIRATION	7/8/2007	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS (CHIEF)	S COORDI	NATION	APPOINTED BY	Board of Superv	risors	

HRSA TITLE III GRANTEE

REQUIREMENT

**COMMENTS** 

1st Appt. 7/8/03 (8)

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO Terry Cunningham

**PHONE NUMBER** (619) 293-4706 **MAILSTOP** P501C **FAX NUMBER** (619) 296-2688

MEMBER NAME	Milton, Irene			
APPOINTMENT	7/8/2003 <i>MO#</i> 8	EXPIRATION	12/31/2006 <i>TERM</i>	4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors	
REQUIREMENT	SOCIAL SERVICES PROVIDER	COMMENTS	1st Appt. 12/17/96 (49)	
MEMBER NAME	Miranda, Ronnie			
APPOINTMENT	1/24/2006 <i>MO#</i> 8	EXPIRATION	1/24/2010 <i>TERM</i>	4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors	
REQUIREMENT	AFFECTED COMMUNITIES/SEAT #6	COMMENTS	1st appt 1/24/06 to fill une. Charles Obina resigned 7/	
MEMBER NAME	Nelson, James Patrick Sean			
APPOINTMENT	8/3/2004 <i>MO#</i> 6	EXPIRATION	8/3/2008 <i>TERM</i>	4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors	
REQUIREMENT	AFFECTED COMMUNITIES/SEAT #14	COMMENTS	1st appt 8/3/2004 to replace who resigned 09/24/03.	ce Yrineo, Jerry,
MEMBER NAME	Nunez-Liriano, Alicia			
APPOINTMENT	6/21/2005 <i>MO#</i> 13	EXPIRATION	6/21/2009 <i>TERM</i>	4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors	
REQUIREMENT	FEDERALLY QUALIFIED HEALTH CENTERS	COMMENTS	1st appt 6/21/2005 to fill un Lorenzo Herman	nexpired term of
MEMBER NAME	Patch, Peter			
APPOINTMENT	12/28/2004 <i>MO</i> #	EXPIRATION	TERM	NONE
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors	
REQUIREMENT	COUNTY HEALTH OFFICER OR DESIGNEE	COMMENTS	Mandated Rep.Nancy Bov 12/28/04 and appointed Poreplacemt	

COUNTY DEPA	RTMEN	HEALT	H & HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry	Cunningham
PHONE NUMB	ER	(619) 2	93-4706	MAILSTOI	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Pedrin-0	Gizoni, M	larie					
APPOINTMENT	7/8/2003		<i>MO</i> #	8	EXPIRATION	3/31/2008	TERM	4-YEARS
NOMINATED BY	District 4				APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	Public M	ember			COMMENTS	1st Appt. 3/31/98	(9)	
MEMBER NAME	Pereda,	Victor						
APPOINTMENT	6/21/200	5	<i>MO</i> #	13	EXPIRATION	7/8/2007	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	S COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECT	ED COM	1MUNITIE:	S/SEAT #1	COMMENTS	1st term 07/08/03	8 (8);2nd t	erm 06/21/05 (13
MEMBER NAME	Pigeonu	utt, Eloisa	a					
APPOINTMENT	1/24/200	6	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	S COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECT	ED COM	1MUNITIE:	S/SEAT #11	COMMENTS	1st appt 1/24/200 Wesley H. Stivers	6 to fill un resigned	nexpired term of 17/5/05.
MEMBER NAME	Pulido, l	Beth						
APPOINTMENT	6/21/200	5	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	S COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	MEDICA	ID AGEN	NCY		COMMENTS	1st appt 6/21/05		
MEMBER NAME	Sanche	z, Alicia						

APPOINTMENT

NOMINATED BY

REQUIREMENT

1/24/2006

(CHIEF)

*MO*#

OFFICE OF AIDS COORDINATION

AFFECTED COMMUNITIES/SEAT #7

8

**EXPIRATION** 

APPOINTED BY

**COMMENTS** 

TERM

4-YEARS

1/24/2010

**Board of Supervisors** 

1st appt 1/24/06

COUNTY DEPA	ARTMEN HEAL	TH & HUM	AN SERVICES	AGENCY	CONTACT PERS	O Terry	Cunningham
PHONE NUMB	ER (619) 2	293-4706	MAILSTO	<i>P</i> P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Scolari, Rosana	<u> </u>					
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	3/16/2009	TERM	4-YEARS
NOMINATED BY	District 1			APPOINTED BY	Board of Super	visors	
REQUIREMENT	Public Member			COMMENTS	Re-appointed 2	2nd term. 1s	st Appt: 3/16/99 (8)
MEMBER NAME	Smith, David, D	r.					
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION		TERM	NONE
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	HOSPITAL COU	NCIL (REF	P)	COMMENTS	Mandated Rep	resentative	
MEMBER NAME	Smith, Tim						
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	7/31/2008	TERM	4-YEARS
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	FEDERAL, STA <sup>-</sup> PRISONERS RE			COMMENTS	1st Appt: 7/31/0	01 (6)	
MEMBER NAME	Suckow, Scott						
APPOINTMENT	5/19/2006	<i>MO</i> #	25	EXPIRATION	5/11/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	PLANNING COL	JNCIL CHA	AIR	COMMENTS	1st appt 5/16/0 Veronica Dela		
MEMBER NAME	Taylor, Michael						
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS
NOMINATED BY	Office of Aids Co	ordination	-Chief	APPOINTED BY	Board of Super	visors	

REQUIREMENT AFFECTED COMMUNITIES/SEAT #8

1st appt 7/25/06. Unexpected vacancy of Doris Bell 3/30/2006.

**COMMENTS** 

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO Terry Cunningham

**PHONE NUMBER** (619) 293-4706 **MAILSTOP** P501C **FAX NUMBER** (619) 296-2688

MEMBER NAME	VACANT						
APPOINTMENT	<i>MO#</i>		EXPIRATION		TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)		APPOINTED BY	Board of Supervisors			
REQUIREMENT	CONSUMER		COMMENTS	ALTERNATE-Davis, Deborah resigned 10/04/04 per P. Honeycutt.			
MEMBER NAME	VACANT						
APPOINTMENT	8/3/2004 <i>MO#</i>	6	EXPIRATION	12/31/2006	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORD (CHIEF)	INATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	CONSUMER		COMMENTS	ALTERNATE Anthony Gioffro			
MEMBER NAME	VACANT						
APPOINTMENT	12/9/2003 <i>MO#</i>	19	EXPIRATION	12/31/2006	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORD (CHIEF)	INATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	AFFECTED COMMUNITIES/SEAT #13 (YOUTH)		COMMENTS	Unexpected va Trevino	icancy 5/20/	05 of Carolina	
MEMBER NAME	VACANT						
APPOINTMENT	12/9/2003 <i>MO#</i>	19	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)		APPOINTED BY	Board of Supervisors			
REQUIREMENT	HIV AFFECTED COMMUNITIES/SEAT# 3		COMMENTS	Unexpected vacancy of Tony Maynard per email 6/22/06.			
MEMBER NAME	VACANT						
APPOINTMENT	12/9/2003 <i>MO#</i>	19	EXPIRATION	12/31/2007	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)		APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT	CONSUMER		COMMENTS	Unexpected varesignation 6/7		d Gibbings	

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL. SD COUNTY
DUU NAWE	THE TIEAETH GERVIGEOT EARTHING GOODIGIE, OD GOODITT

<b>COUNTY DEPARTMEN</b>	HEALTH & HUMAN SERVICES AGENCY	<b>CONTACT PERSO</b>	Terry Cunningham
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PHONE NUMBER	(619) 293-4706	MAILSTOP	P501C	EAV MIMBED	(619) 296-2688
PHONE NUMBER	(019) 293-4700	MAILSTOP	POUL	FAX NUMBER	(019) 290-2000

MEMBER NAME	VACANT		
APPOINTMENT	1/24/2006 <i>MO#</i> 8	EXPIRATION	6/30/2008 <i>TERM</i> 4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors
REQUIREMENT	AFRICAN AMERICAN COMMUNITY LEADER	COMMENTS	Unexpected vacancy of Thelma Collins 3/30/2006
MEMBER NAME	Wolter, Carl F.		
APPOINTMENT	6/21/2005 <i>MO#</i> 13	EXPIRATION	12/31/2008 <i>TERM</i> 4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)	APPOINTED BY	Board of Supervisors
REQUIREMENT	HOUSING/HOMELESS SERVICES REPRESENTATIVE	COMMENTS	1st appt. 6/21/05 (13). replacedThompson, Edward J. resigned 10/04/04 per P. Honeycutt.

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